

# JOSEPH J. FITZSIMMONS, MD SCHOLARSHIP FUND APPLICATION

Send Completed Application Materials to:

United States Judo Federation  
P.O. Box 338  
Ontario, Oregon 97914-0338  
541-889-8753

The application must submit a fully completed written application to be received by the selection committee by **EOB of July 15<sup>th</sup>**.

USJF is a not-for-profit organization. One of the organization's goals is to award scholarships as our finances will permit each year, to USJF member students who will pursue their studies to graduate as a Doctor of Medicine or a Doctor of Osteopathy (MD or DO).

All applications received will be considered for the scholarship, should they provide the necessary information and meet the criteria for the scholarship as stated on the USJF website. The scholarship only applies to the 1st and 2nd year of medical school. Recipients are selected on the basis of financial need and the potential to give back to Judo.

Name: \_\_\_\_\_  
  First    Middle    Last/Surname

Telephone(Land or Cell): \_\_\_\_\_ Email Address: \_\_\_\_\_

Home/Private MailingAddress:

Medical Institution Name and Mailing Address:

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\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Year of study: \_\_\_\_\_

Provide a signed document from your institution showing your current year of enrollment and a copy of the original letter of your acceptance to the medical institution. This document should have contact information of the signer e.g., telephone, email and mailing address.

## Judo information:

Name of affiliated USJF Charter Dojo: \_\_\_\_\_

Head Instructor's Name: \_\_\_\_\_

Number of years with Dojo: \_\_\_\_\_ Name of Yudanshakai: \_\_\_\_\_

USJF Membership ID No \_\_\_\_\_ (At least three years continuous USJF membership and current year).  
Submit a copy of current USJF membership card.

Current USJF rank: \_\_\_\_\_ (Provide copy of rank certificate).

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

